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Therapeutic Effect of EHF-Puncture on Gastric Polyps: Clinical Analysis of Eleven Cases

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Abstract: Extremely high frequency (EHF) puncture is a new therapeutic method, based on both the biological effects of low-power level millimetric electromagnetic waves and the acupuncture theory of Traditional Chinese Medicine, which can be used successfully in treating patients with gastric polyps. After 1-4 months of treatment, besides clinical improvement, it is possible to achieve disappearance or diminution of gastric polyps.

CURRENTLY in the Soviet Union extensive research is being conducted on the medical applications of low-power level (non-thermal) millimetric (MM) electromagnetic (EM) waves. The method of treatment is called Extremely High Frequency (EHF) Therapy. This method is effective in the treatment of patients of different diseases: gastric and duodenal ulcer, infantile paralysis, femoral aseptic necrosis, narcotism, cerebrovascular and broncho-obstructive diseases, different pain syndromes, etc.^{1,3} It is used alone or as an adjunct to medicinal, x-ray, and/or psychotherapy, before and after surgery.

Special medical devices for EHF-therapy have been designed and built and include: Jav-1, Electronica-EHF, G4-142, etc.

Molecules of water and different hydrated structures of the skin (macromolecules, cell membranes) play a basic role in

the absorption of MM-EM waves. An increase or decrease in hydration values of macromolecules leads to change in cell-membrane permeability, activity of the cell's c-AMP and so on. The final biological and medicinal effects are realized with the participation of nervous, cardiovascular, endocrine, immune, "acupuncture channel" and other systems of the living organism.^{1,3}

There are different types of EHF-therapies which reflect different points of view on the mechanisms of this method of treatment. In accordance with one example, it is necessary to determine the "individual frequency" of MM-EM radiation inherent in each patient or for each disease. Another considers that it is necessary to individualize the site on the skin for EHF-radiation. The third individualizes both the frequency of MM radiation and the location.^{1,3}

After using different types of EHF-therapy, we have concentrated on the use of EHF-puncture, which is a new method based on both the biological effects of low-power MM-EM waves and the acupuncture theory of Traditional Chinese Medicine (TCM). This paper discusses the application of this modality to the treatment of gastric polyps.

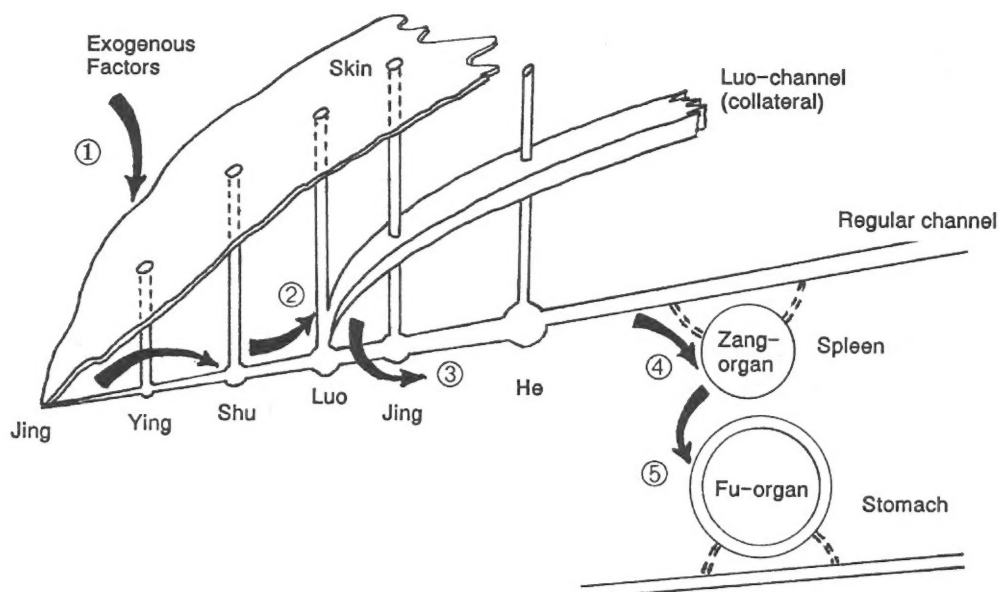


Figure 1.
The pathogenesis of gastric polyps

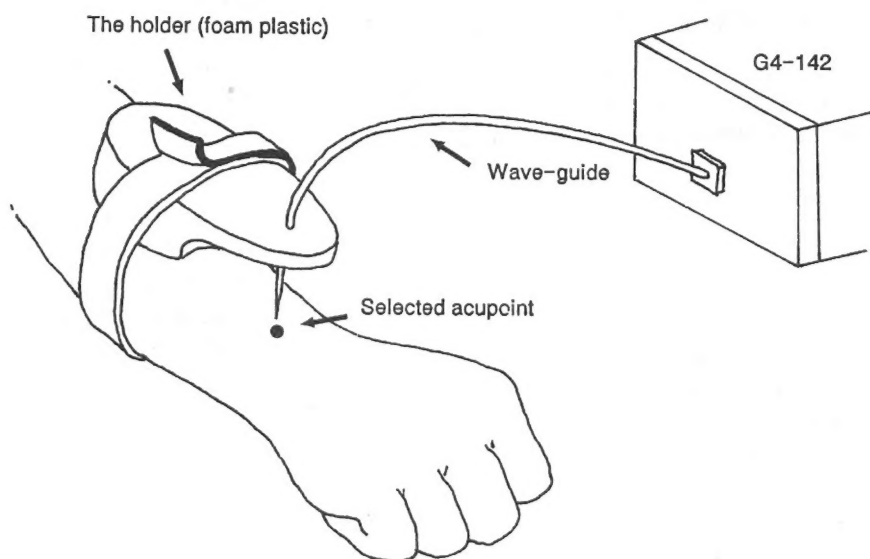


Figure 2.
Wave-guide fixation

Gastric polyps (GP) most frequently occur in persons past middle age. The malignant transformation of GP continues to be a subject of considerable discussion.^{4,6} Some researchers recommend that GP should be treated as precancerous lesions and resected surgically.^{7,8} However, in certain cases, GP can disappear spontaneously.⁹ Until now, there has not been any effective nonsurgical treatment method for GP.

Since March 1990 we have used EHF-puncture in the treatment of patients of GP with considerable success.

Materials and Methods

In our study group of 11 cases, there were 7 females and 4 males ranging in age from 44 to 63. The duration of the disease was 6 months to 4 years (on the basis of gastroscopic evidence of GP).

Most of the patients had fullness and distension in the epigastrium and abdomen, loss of appetite, nausea, heaviness of the body, loose stools, a bitter taste with a yellow or white-yellow, sticky tongue coating, and soft pulse. We considered these clinical manifestations as indications of Damp Heat in Stomach and Spleen.^{10,11} In some of the patients the chief complaints were considered to be Deficiency or Excess of the Luo channel of the Spleen.¹¹

Gastroscopic examination showed that 7 patients had single polyps, 4 patients had three or more polyps; the largest was 2.5cm in diameter. Polyps were distributed in different parts of the stomach, and these patients had chronic superficial or chronic atrophic gastritis. The histological diagnoses were adenomatous or hyperplastic polyps.

Treatment: The treatment points were selected in accordance with the indicated syndrome according to TCM. We used TCM diagnostic techniques of inspection, auscultation, olfaction, inquiring and palpation. Considering the clinical manifestations and anamnesis of the disease, we suggest that the pathogenesis of GP was as follows:

The Exogenous factors (EF) affecting Fu-organs pass through several stages: 1) Skin→2) Luo-channel of Zang organ (stage of Excess of Luo-channel of Zang-organ), →3) Meridians (the stage of Deficiency of Luo-channel of Zang-organ),→4) Zang-organ (initial stage of polyp formation),→5) Fu-organ (the stage when the polyp has been established in the Fu-organ). (See Figure 1)

During treatment we attempted to halt the entrance of additional Exogenous factors and to disperse the EF present in Zang and Fu Organs.

For fullness and distension in the epigastrium and abdomen, indicating a Deficiency of the Luo-channel of the Spleen, we selected acupoints Sp-3 (Taibai) (reinforcing [tonifying]), and St-40 (Fenglong) (reducing [sedating]). Later, when the distension and fullness disappear, some patients experience a recurrence of epigastric pain, associated in TCM with an Excess of the Luo-channel of the Spleen. At this stage we used Sp-4 (Gongsun) (reducing), and the pain disappeared.

To treat the Spleen Deficiency, we tonified Sp-2 (Dadu) and BL-20 (Pishu). The selection of other points depended on the type of EF: Heat, Cold or Damp. In all cases we took into consideration symptoms which defined the conditions of other Zang- and Fu-organs.

The treatment acupoints were radiated in consecutive order: at the beginning of the procedure, points which needed reinforcing were radiated first, then the points that needed reducing.

The same strategy can be used while treating polyps of different Fu-organs, e.g., Gallbladder, Large Intestine (nasal polyps).

An EM radiation generator, the "G4-142" was used. (Manufactured in Vilnius, USSR for nonmedical purposes, it radiates sinusoidal electromagnetic waves within the range of 53.0-78.0 GHz; the highest possible energy output is about 30 mw).

The treatment regimen was as follows: frequency = 53.53 GHz, i.e., wavelength equaled 5.6 mm, power did not exceed 0.1 mw. The needleless dielectric waveguide

was fixed at the acupoints selected (see Figure 2). The duration of the radiation upon the acupoints depended on the type of effect the point required. For the reinforcing method, it was not more than 2-5 minutes, and it was necessary to wait until the first specific sensations appeared. For the reducing method, usually, the radiation duration was about 20-25 minutes and it was necessary to wait until specific sensations appeared and then disappeared.

We call attention to the "specific sensations" which had some interesting features. In accordance with TCM theory, the effect of treatment depends on a specific sensation, Deqi (Teh Chi), which patients experience during treatment, e.g., acupuncture, moxibustion, and qigong. There are different types of Deqi: The first one involves sensations at the acupoint itself. In this case it is possible to determine changes in the physical parameters (temperature, electric resistance, etc.) of the skin surrounding the acupoint. The second type of Deqi is a "propagated sensation along channels." In this instance, changes in physical parameters can be determined at the acupoints *along* the channel which is enriched with propagated sensations.¹² The third type of Deqi involves Whole Channel or Zang- and Fu-organs and is detectable as changes of both the skin at the acupoint and/or in the organ's function, e.g., heart beat.

Deficiency syndrome of the Spleen is defined as "heaviness in the body." When EHF is applied at Sp-2 on such patients, within 30 seconds to 2 minutes they begin to sense a "lightness in the body," "rocking" or even "flight." When patients with Stomach Heat syndrome receive EHF at St-44 (Neitang) or St-36 (Zusanli) with the reducing method, they begin to sense a "cooling of the abdomen," or "increasing quantity of saliva in the mouth." Some patients have different "visual sensations" (with eyes closed), for example, a "change of colors," "appearance of light" or even more complex visual shapes.

For GP patients the most common

sensation was described as a "movement of little bubbles in the abdomen" (the middle part of the Sanjiao: Stomach-Spleen) or "propagated sensations along the channels."

Treatment was given once or twice per week. A course of treatment lasted 1-4 months.

Results

After treatment the chief symptoms disappeared in 7 cases and decreased in 4 cases. Gastroscopic examination showed that the therapeutic effects were as follows: 4 cases (36.4%) with disappearance of one or more polyps, 3 cases (27.3%) with reduction of polyp diameter by more than half of their original size; 3 cases (27.3%) with reduction of polyp diameter by more than one third of the original size; and only one case (9.0%) with no obvious change in size. (This patient did not experience any "sensations" (deqi) during the treatment).

In the control group of 10 gastric polyp patients receiving no treatment, there were no cases that showed endoscopic improvement during the 5-6 months of this study.

Conclusion

In spite of the fact that not all theoretical problems of the EHF-therapy are yet solved, this study indicates that this new method can be effective in treating gastric polyps.

We suspect that results can be further improved by the addition of the herbs and diet of Traditional Chinese Medicine.

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